



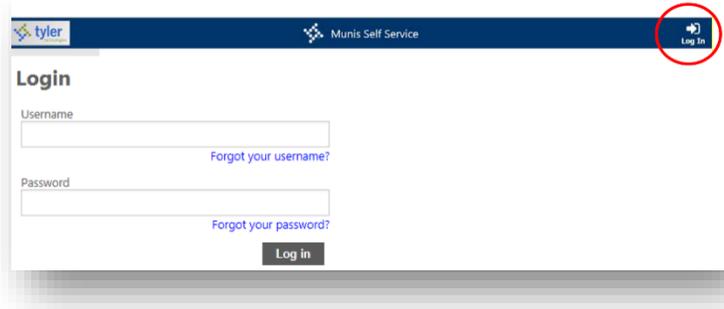
# Employee Self Service (ESS): Open Enrollment Instructions

Open enrollment will be completed through Employee Self Service (ESS) October 30 – November 15 (5:00 pm): <https://selfservice.deschutes.org/ess/> \*

**\*ESS can be accessed from any computer or mobile device with internet access**

## To login to ESS

1. Proceed to ESS login page by using the link above or following the link on InsideDC
2. Click login tab on the far right
  - a. Username is 4 digit employee ID
  - b. Enter your password
  - c. Click Log in
3. If you forgot password click [Forgot your password?](#)
4. Refer to the ESS [User Guide](#) if you need help logging in for the first time



## Current Benefit Elections

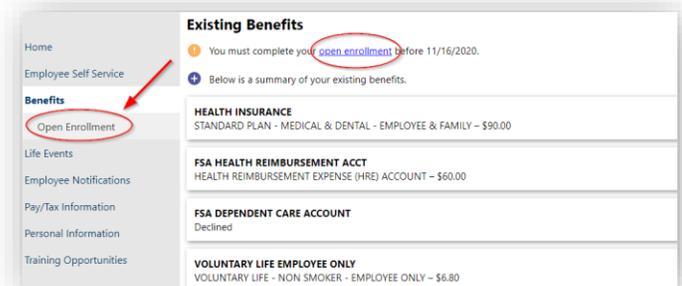
1. Navigate to current elections by clicking the **Benefits** tab on the left
2. **Review your current benefit elections before proceeding to open enrollment and verify amounts**
  - a. Click the down arrow on the right side of each benefit to review the details.

AD&D INSURANCE	
ACCIDENTAL DEATH & DISMEMBERMENT - EMPLOYEE & FAMILY – \$15.00	
Your existing benefit: ACCIDENTAL DEATH & DISMEMBERMENT - EMPLOYEE & FAMILY	
Pay period employee cost	\$15.00
Annual employee cost	\$180.00
Election amount	\$300,000.00

Annotations: A red box labeled 'Current monthly payroll deduction amount' points to the \$15.00 value. Another red box labeled 'Current Insurance amount' points to the \$300,000.00 value.

## Open enrollment election page

1. Navigate to open enrollment elections by clicking on **Open Enrollment** tab under the **Benefits** tab.
  - a. You can also navigate to open enrollment elections by clicking on the [open enrollment](#) message above current elections.



## Making Open Enrollment Elections

1. Verify you are in the **Open Enrollment** window to make new elections.
2. Begin making new elections for the 2023 plan year by using tabs on the right. **Elections effective 1/1/2024.**
3. A choice ([DECLINE](#) | [NO CHANGES](#) | [SELECT](#)) must be made for each benefit.

**Open Enrollment - Make Elections** ← **Must be in Open Enrollment window**

⚠ Make a selection for each benefit, then click "Continue". You must submit this enrollment by 11/15/2021.  
Open enrollment for the 2021 plan year is Nov. 2 thru Nov. 16, 2020. You must submit your choices by 5:00 pm Monday, November 16th.

<b>HEALTH INSURANCE</b> Election not made Existing benefit: STANDARD PLAN - MEDICAL & DENTAL - EMPLOYEE & FAMILY - \$90.00	<a href="#">DECLINE</a> <a href="#">NO CHANGES</a> <a href="#">SELECT</a> ▼
<b>FSA HEALTH REIMBURSEMENT ACCT</b> Election not made Existing benefit: HEALTH REIMBURSEMENT EXPENSE (HRE) ACCOUNT - \$60.00	<a href="#">DECLINE</a> <a href="#">SELECT</a> ▼
<b>FSA DEPENDENT CARE ACCOUNT</b> Election not made Existing benefit: Declined	<a href="#">DECLINE</a> <a href="#">SELECT</a>
<b>VOLUNTARY LIFE EMPLOYEE ONLY</b> Election not made Existing benefit: VOLUNTARY LIFE - NON SMOKER - EMPLOYEE ONLY - \$13.60	<a href="#">DECLINE</a> <a href="#">NO CHANGES</a> <a href="#">SELECT</a> ▼

## Individual Election Windows

1. Each election will have its own election window when you click to make an election.
2. To make your election:
  - a. Review the benefit information in the [resources links](#) at the top right
  - b. Select the correct choice
  - c. Enter an amount if required
  - d. Enter dependents or beneficiaries if required
  - e. You can also **Decline** the benefit at this point
  - f. Click continue

**Benefits - FSA HEALTH REIMBURSEMENT ACCT**

⚠ Per pay period Unreimbursed Health Related Expense election. \$229.16 per month (\$2,750.00 annually).  
[FSA Information Sheet 2021 | Health Eligible Expenses](#)

**HEALTH REIMBURSEMENT EXPENSE (HRE) ACCOUNT**

Pay period employee cost **\$60.00** ← **Current Election**  
Employee annual cost \$720.00

Amount  
0 ← **Enter new monthly (per paycheck) election amount**

I Decline

[CANCEL](#) [CONTINUE](#)

## Review enrollment and submit choices

1. Review your Enrollment page and click continue

<b>AD&amp;D INSURANCE</b> ACCIDENTAL DEATH & DISMEMBERMENT - EMPLOYEE & FAMILY - \$15.00	DECLINE EDIT
<b>LEGALSHIELD PREPAID LEGAL SERV</b> LEGALSHIELD PREPAID LEGAL SERVICES - \$18.95	DECLINE EDIT
<b>Estimated total cost per pay period</b>	<b>\$249.55</b>

The [paycheck simulator](#) can show how this affects your net pay.

When you have made all of your selections and reviewed your enrollment click continue at the bottom right.

Click [here](#) to view your archived enrollment summaries.

**CONTINUE**

2. Review all of your elections for the 2024 plan year
3. Scroll to the bottom of the page and click **Submit Choices, Modify** or **Cancel**.
  - a. **Submit Choices** tab submits your enrollment to HR
  - b. **Modify** or **Cancel** allows you to go back and make changes to elections
  - c. If you do not click **Submit Choices** your elections will not be submitted for processing by HR
4. **Enrollment choices must be submitted by 5:00 pm on Tuesday, November 15<sup>th</sup>, 2023**

<b>AD&amp;D INSURANCE</b> ACCIDENTAL DEATH & DISMEMBERMENT - EMPLOYEE & FAMILY <b>Pay period employee cost</b> \$15.00 Annual employee cost \$180.00 Election amount \$300,000.00
<b>LEGALSHIELD PREPAID LEGAL SERV</b> LEGALSHIELD PREPAID LEGAL SERVICES <b>Pay period employee cost</b> \$18.95 Annual employee cost \$227.40
<b>TOTAL PAY PERIOD EMPLOYEE COST</b> \$249.55 <b>TOTAL ANNUAL EMPLOYEE COST</b> \$2,994.60

IMPORTANT STEP: You must submit choices for elections to be processed. If not, they will be saved as "in progress" and will not be processed

CANCEL MODIFY **SUBMIT**

## Confirmation

1. When you click **Submit Choices** you will be taken to the **Confirmation** page
2. Ensure your enrollment was submitted successfully.
3. Review your confirmation and print for your records if you like.
4. You have until 5:00 pm on Tuesday, November 15<sup>th</sup> to log in and make changes to your submitted elections.
  - a. HR will not begin processing any submissions until Wednesday the 16<sup>th</sup>

**Confirmation**

Your enrollment was submitted successfully. You can make changes until your choices have been approved. You may want to print this page for your records.

<b>HEALTH INSURANCE</b> STANDARD PLAN - MEDICAL & DENTAL - EMPLOYEE & FAMILY MATHILDA BOLKEN SYDNEY BOLKEN <b>Pay period employee cost</b> Pay period employer cost Annual employee cost Annual employer cost
<b>ADDITIONAL BENEFIT - SP MEDICAL &amp; DENTAL EMPLOYEE &amp; FAMILY W2</b>
<b>FSA HEALTH REIMBURSEMENT ACCT</b> HEALTH REIMBURSEMENT EXPENSE (HRE) ACCOUNT <b>Pay period employee cost</b> Annual employee cost Election amount